

PART B - FEE(S) TRANSMITTAL

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32692 7590 08/24/2006

3M INNOVATIVE PROPERTIES COMPANY
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DUE DATE(S) _____
 ATTORNEY Jal
 DOCKETED pat

Angie Kontell	(Depositor's name)
<u>[Signature]</u>	(Signature)
November 21, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,523	08/25/2003	Naiyong Jing	56210US004	2281

TITLE OF INVENTION: FLUOROPOLYMER BONDING COMPOSITION AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZACHARIA, RAMSBEY E	1773	428-420000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Brian E Szymanski

2

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3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNOR

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

3M Innovative Properties Company St. Paul, Minnesota 55133-3427

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3723 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature [Signature]

Date 11/21/2006

Typed or printed name C. Michael Geise

Registration No. 58,560

NOV 24 2006

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Angie Zontelli	(Depositor's name)
<i>[Signature]</i>	(Signature)
November 21, 2006	(Date)

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Authorized Signature *[Signature]*

Date 11/21/2006

Typed or printed name C Michael Gaise

Registration No. 58,560

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